



TOB-101
State Form
06/03

Indiana Department of Revenue
**Delivery Sales of Cigarette/Other Tobacco Products
to Persons in Indiana**

Mail To: Indiana Department of Revenue
P. O. Box 901
Indianapolis, IN 46206

Delivery Sales of cigarettes/other tobacco products into the State of Indiana for the month ending ____/200__.

Due Date: 10th day of the calendar month following the month in which Cigarettes/Other Tobacco Products were shipped into the State of Indiana and where the appropriate tobacco taxes were not collected from the purchaser.

Merchants Name			Federal FEIN or SSN
Mailing Address			Telephone Number
City	State	Zip Code	E-Mail Address
Contact Person	Title		Contact Telephone Number

Attach additional sheets as needed.

Invoice Date	Invoice Number	Purchaser's Name	Purchaser's Address	Product Brand	Cigarette		Other Tobacco Products	
					Number of Cigarettes	Sales Price	Wholesale Price	Sales Price

Note: Your own form may be attached if it contains all the necessary information. (For example, a Computer Generated Report)

Delivery Sale - A delivery sale is defined in IC 24-3-5-1 as: A transaction for the purchase of tobacco products in which an offer to purchase tobacco products is made: (1) electronically using a computer network (as defined in IC 35-43-2-3); (2) by mail; or (3) by telephone; and acceptance of the offer results in delivery of tobacco products to a named individual at a designated address.